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Bib Data Sheet

CONFIRMATION NO. 1765

SERIAL NUMBER 10/040,981	FILING DATE 12/31/2001 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 45951/KMOW/112	
APPLICANTS James Coleman, Rialto, CA; Claudio Plaza, Chino, CA;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 02/01/2002					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 10	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 2
ADDRESS 23363					
TITLE Dual-function catheter handle					
FILING FEE RECEIVED 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		